



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 10

1200 Sixth Avenue  
Seattle, WA 98101

JUN 27 2006

Reply to  
Attn Of: OWW-130

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Julie Collins  
U.S. Fish & Wildlife Service  
Leavenworth National Fish Hatchery  
12790 Fish Hatchery Road  
Leavenworth, Washington 98826

Re: NPDES Permit WA0001902, Leavenworth National Fish Hatchery

Dear Ms. Collins:

Enclosed for your information is a copy of a draft National Pollutant Discharge Elimination System (NPDES) permit which EPA proposes to issue to the referenced facility, the public notice as it will appear in the local newspaper and the fact sheet which outlines the basis for the permit.

The Public Notice initiates a 30-day public comment period. Following the close of the public notice comment period, EPA will consider the comments received in preparation of the final permit.

If you have any questions, please contact me at (206)553-1755 or David Ragsdale in our Olympia Field Office at (360)407-6589.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michael J. Lidgard".

Michael J. Lidgard, Manager  
NPDES Permits Unit

Enclosures

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**Julie Collins**  
U.S. Fish & Wildlife Service  
Leavenworth National Fish Hatchery  
12790 Fish Hatchery Road  
Leavenworth, WA 98826

A. Received by (Please Print Clearly)	B. Date of Delivery
---------------------------------------	---------------------

### C. Signature

X *Khanh Phannet* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail    ☐ Express Mail  
☐ Registered    ☐ Return Receipt for Merchandise  
☐ Insured Mail    ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000 1670 0006 5128 2648

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

*(Domestic Mail Only; No Insurance Coverage Provided)*

OFFICIAL USE

Postage	\$
---------	----

**Certified Fee**

Return Receipt Fee  
(Endorsement Required)

**Restricted Delivery Fee  
(Endorsement Required)**

Total Postage & Fees	\$
----------------------	----

Postmark  
Here

Sent To

Dwight Collins

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, May 2000

See Reverse for Instructions